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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				(s) Transmittal. This cen	tificate cannot be used fo er, such as an assignmen	domestic mailings of the r any other accompanying t or formal drawing, must
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CHALKER FL 2711 LBJ FRWY Suite 1036 DALLAS, TX 7:	ď.		I h Sta add trar	creby certify that this Fer	te of Mailing or Transme(s) Transmittal is being ufficient postage for first or ISSUE FEE address a (71) 273-2885, on the da	ission deposited with the United class mail in an envelope bove, or being facsimile indicated below.
DALLAG, IX 7.	J <b>2</b> J <del>4</del>		· · · · · ·	AURA DA	Onceicho	(Depositor's name)
			<u> </u>	Murua C	MCLICAD	(Signature)
				3/8/2010		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATT	ORNEY DOCKET NO.	CONFIRMATION NO.
10/748,432	12/30/2003		Charles R. Roe	BHCS:1006RCE		7856
TITLE OF INVENTION: FATTY ACID NUTRITIONAL SUPPLEMENT						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	03/08/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
POLANSKY, GREGG		1614	514-546000	_		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>□ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  Please check the appropriate assignee category or categories (will not be printed on the patent):						
Please check the appropr	iate assignee category of	categories (will not be p	rinted on the patent);	Individual Corpora	ation or other private grou	ip entity Government
4a. The following fee(s) are submitted:  ☐ Issue Fee			b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.			
Publication Fee (No small entity discount permitted)			Payment by credit card. Form PTO-2038 is attached.			
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5. Change in Entity Sta	tus (from status indicate s SMALL ENTITY state	•			NTITY status. Sec 37 CF	
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Authorized Signature	Zh	in/h		Date 3	18/10	
Typed or printed name	· Edu	15. Flore	es	Registration No	38,453	<b>-</b>
an application. Confiden submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	tiality is governed by 35 d application form to the ions for reducing this but irginia 22313-1450. DO 13-1450.	i U.S.C. 122 and 37 CFR c USPTO. Time will var irden, should be sent to the D NOT SEND FEES OR	ion is required to obtain or 1,14. This collection is es y depending upon the indinc Chief Information Offic COMPLETED FORMS Tespond to a collection of in	stimated to take 12 minus vidual case. Any comme er, U.S. Patent and Trad O THIS ADDRESS. SE	ies to complete, including ints on the amount of time cmark Office, U.S. Depa ND TO: Commissioner for the commissi	gathering, preparing, and e you require to complete tment of Commerce, P.O. or Patents, P.O. Box 1450,